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23364 7590 10/24/2008

BACON & THOMAS, PLLC  
625 SLATERS LANE  
FOURTH FLOOR  
ALEXANDRIA, VA 22314-1176

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/725,479	12/03/2003	Gudmundur Fertram Sigurjonsson	SIGU3013/JJC	4597

TITLE OF INVENTION: WOUND DRESSING HAVING A FACING SURFACE WITH VARIABLE TACKINESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/26/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEWIS, KIM M	3772	602-041000

11/13/2008 SHOHAMH1 00000089 10725479

01 FC:1501  
02 FC:1504

1510.00 OP  
300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from page 8001  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bacon & Thomas, PLLC  
2  
3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ossur, hf

Reykjavik, Iceland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☐ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies Four (4)

## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0200 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

JUSTIN J. CASSELL

Date November 11, 2008

Registration No. 46,205

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: GUDMUNDUR FERTRAM SIGURJONSSON

SERIAL NO.: 10/725,479

GROUP ART UNIT: 3772

FILED: December 3, 2003

EXAMINER: Lewis, Kim M.

FOR: WOUND DRESSING HAVING A FACING  
SURFACE WITH VARIABLE TACKINESS

ATTY. REFERENCE: SIGU3013/JJC

COMMISSIONER OF PATENTS

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Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

- ☒ Issue Fee Transmittal
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- ☒ Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication.

23364

CUSTOMER NUMBER

BACON & THOMAS, PLLC  
625 Slaters Lane- Fourth Floor  
Alexandria, Virginia 22314  
(703) 683-0500

Date: November 11, 2008

Respectfully submitted,

JUSTIN J. CASSELL

Attorney for Applicant

Registration Number: 46,205